PTO/SB/01 (08-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted

**⊠**Declaration Submitted after Initial

With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)

Attorney Docket Number		10005.001510		1
First Named Inventor		Eric McKinlay		
co	MPLI	ETE IF KNOWN		
Application Number	10/6	513,768		
Filing Date	July 3, 2003			
Art Unit	174	2		
Examiner Name	not	vet known		$\overline{}$

		·			•
I hereby declare that:					
Each inventor's residen	ce, mailing address, and ci	itizenship are as stated be	low next to their	name.	
I believe the inventor(s) name on the invention entitled:	ed below to be the original and fire	st inventor(s) of the subject mal	tter which is claimed	and for which a pate	ent is sought
SYSTEM, METHO SOFTWARE DOV	DD AND COMPUTER WNLOAD	PROGRAM PRODI	UCT FOR INI	TIATING A	
the specification of which	(Title of th	he Invention)			
☐ is attached hereto OR					
was filed on (MM/DD	July 3, 2003	as United States Ap	plication Number c	or PCT Internationa	i
Application Number	10/613,768 and	was amended on (MM/DD/Y	YYY)	(if	applicable).
I hereby state that I have revie specifically referred to above.	ewed and understand the conte	ents of the above identified sp	ecification, includin	ig the claims, as an	nended
applications, material informati	close information which is mater tion which became available be continuation-in-part application.	tween the filing date of the pr	in 37 CFR 1.56, in in application and	cluding for continu- the national or PC	ation-in-part T
breeder's rights certificate(s), States of America, listed below	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internati w and have also identified belov or of any PCT international ap	tional application which design which design with the checking the box any form	nated at least one oreign application(s	country other than	the United
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	
				YES	NO NO
					Π.
Additional foreign applicati	ion numbers are listed on a sup	pplemental priority data sheet	PTO/SB/02B attac	hed hereto:	

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attorney Docket No.: 10005.001510

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		000318	194	OR	Correspondence address below
Name				·	
Address					
City	State			Z	ZIP
Country		Teleph	one		Fax
I hereby declare that all statements made herein of my ow believed to be true; and further that these statements were punishable by fine or imprisonment, or both, under 18 U.S application or any patent issued thereon.	made with the k	nowledge	that will	ful falco ct	atamanta and the like as as al-
NAME OF SOLE OR FIRST INVENTOR:	☐ A petit	ion has	been f	iled for t	his unsigned inventor
Given Name Eric (first and middle [if any])	141		ily Nam urname	e McK	Kinlay
Inventor's Signature	<			Date 12	1/3/03
Residence: City	State		Count	try	Citizenship
Cupertino	<u>i</u> CA	i	US		US
Mailing Address					
10240 Byrne Avenue	· · · · · · · · · · · · · · · · · · ·				
City	State		Zip		Country
Cupertino	CA		95014	<u> </u>	us
NAME OF SECOND INVENTOR: A p	etition has be	en filed	for thi	is unsign	ned inventor
Given Name Christopher William (first and middle [if any])	l -/		ly Name	e Wes	ley
Inventor's Chutch L	re}	/		Date / 2	/3/2013
Residence: City	State		Country		Citizenship
Redwood City	CA		US		US
Mailing Address					
1903 Middlefield Road					
City	State		Zip		Country
Redwood City	CA		94063		US
Additional inventors or a legal representative are being na	med on the 1 sup	plemental	sheet(s)	PTO/SB/02	A or 02LR attached hereto.

Attorney Docket No.: 10005.001510

Inventor's Signature  Residence: City San Francisco State CA Country US Citizenship US  Mailing Address 2121 26 <sup>th</sup> Street, Apt. 202  City San Francisco State CA Zip 94107 Country US  Name of Additional Inventor, if any A petition has been filed for this unsigned inventor  Given Name (first and middle [if anyl) Family Name or Surname  Mitchell T. Weisman  Inventor's Signature San Carlos State CA Country US  Residence: City San Carlos State CA Country US  Citizenship US  Mailing Address 436 Portofino Drive, #204	P.E. Under the Panerw	ork Reduction Act of 199	15 no porcone are réquire		PTO/SB/02A (08-0) proved for use through 07/31/2006. OMB 0651-003 emark Office; U.S. DEPARTMENT OF COMMERC		
Given Name (first and middle [if anyl)  City Elkins  State  NH  Country  City Elkins  State  NH  City Elkins  Name of Additional Inventor, if any  City Elkins  State  City Elkins  State  NH  Country  City Elkins  Name of Additional Inventor, if any  City Elkins  State  City Elkins  State  City Elkins  NH  Country  City Elkins  Name of Additional Inventor  City Elkins  State  NH  Country  City Elkins  Name of Surname  City Elkins  City San Francisco  State  CA  Country  City San Carlos  State  CA  Country  City San Carlos  City San Carlos  Ca  Country  City San Carlos  City San Carlos  Ca  Country  City San Carlos  Ca  Country  City Ca	OR 2003			ADDITIONAL INVENTO	Commation unless it contains a valid OMB control numbe		
Siven Name (first and middle [if anyl)  David Lawrengee Inventor's Signature  Mailing Address  10 Hilcrest Drive  City Elkins  State  NH  Zip  03233  Country  US  Citizenship  WS  Name of Additional Inventor, if any  Given Name (first and middle [if anyl))  Craig  Inventor's Signature  Craig  Country  San Francisco  State  CA  Country  State  CA  Country  San Francisco  State  CA  Country  San Francisco  State  CA  Country  Country	The same of the sa				Fage 1 of 1		
Given Name (first and middle (if anyl)  David Lawrence Inventor's Signature  Mailing Address  10 Hilcrest Drive  City Elkins  State  NH  State  NH  State  NH  State  NH  Signature  Operation of Additional Inventor, if any  Given Name (first and middle (if anyl))  Residence: City  San Francisco  State  CA  Country  San Carlos  Sa	Name of Additio	nal Inventor, if ar	ny	☐ A petition has bee	n filed for this unsigned inventor		
David Lawrence Inventor's Signature	Give	n Name (first and middl	le [if any])				
Inventor's Signature  Mailing Address  10 Hilcrest Drive  City Elkins  State  NH  ZIP  O3233  Country  US  Size NH  ZIP  O3233  Country  US  Name of Additional Inventor, if any  Given Name (first and middle lif any)  Craic  Inventor's Signature  Residence: City  San/Francisco  State  CA  Country  US  Citizenship  US  Citizenship  US  Citizenship  Craic  Inventor's Signature  City  San/Francisco  State  CA  Zip  94107  Country  US  Name of Additional Inventor, if any  Given Name (first and middle [if any])  San Francisco  State  CA  Zip  94107  Country  US  Name of Additional Inventor, if any  Given Name (first and middle [if any])  Family Name or Sumame  Weisman  Mitchell T.  Neventor's Signature  Additional Address  436 Portofino Drive, #204  San Carlos  San Carlos  CA	David Lawrence			Chambers	·		
Mailing Address  10 Hilcrest Drive  City Elkins  Name of Additional Inventor, if any  Given Name (first and middle [if any])  Craiq  Inventor's Signature  Residence: City  San Francisco State  CA  San San Carlos State  CA  San Carlos San Carlos State  CA  San Carlos San		WX K Cl	llh		Date 11/13/03		
City Elkins  State  NH  ZIP  03233  Country  Warne of Additional Inventor, if any  Given Name (first and middle [if anyl))  Craid  Inventor's Signature  Signature  San Francisco  State  CA  Country  US  Citizenship  Country  US  Citizenship  Date  CA  Country  US  Citizenship  Country  US  Citizenship  Country  US  Citizenship  Date  Country  US  Citizenship  Country	Residence: City	Elkins		Country	US		
Name of Additional Inventor, if any  Given Name (first and middle lif anyl)  Craic  Craic  Inventor's Signature  Residence: City  San Francisco  State  CA  Country  City  San Francisco  State  CA  Capation  Craic  City  San Francisco  State  CA  Country	Mailing Address	10 Hilcrest Driv	e				
Given Name (first and middle [if anyl)  Craiq  Inventor's Signature  Residence: City San Francisco State CA Country US Citizenship  Mailing Address  2121 26 <sup>th</sup> Street, Apt. 202  City San Francisco State CA Zip 94107 Country US  Name of Additional Inventor, if any  Given Name (first and middle [if anyl))  Given Name (first and middle [if anyl))  Family Name or Surname  Weisman  Weisman  Mitchell T.  Inventor's Signature  San Carlos State CA Country US  Citizenship US  Citizenship US  Additing Address  436 Portofino Drive, #204	City Elkins		NH State	03233 ZIP	Country		
Zeldin   Inventor's   Signature   San Francisco   State   CA   Country   US   Citizenship   US	Name of Addition	nal Inventor, if an	у	☐ A petition has been filed for this unsigned inventor			
Craiq Inventor's Signature  Residence: City San Francisco State CA Country US  Mailing Address 2121 26 <sup>th</sup> Street, Apt. 202  City San Francisco State CA Zip 94107 Country US  Name of Additional Inventor, if any  Given Name (first and middle [if any])  Given Name (first and middle [if any])  Family Name or Surname  Mitchell T.  Neventor's Signature  Mailing Address  436 Portofino Drive, #204  San Carlos  CA Q4070 US  Residence: City San Carlos  San Carlos  CA Q4070 US  Residence: US	Giver	Name (first and middle	e [if any])	Family Name or Surname			
Residence: City San Francisco State CA Country US Citizenship US  Mailing Address 2121 26 <sup>th</sup> Street, Apt. 202  City San Francisco State CA Zip 94107 Country US  Name of Additional Inventor, if any A petition has been filed for this unsigned inventor  Given Name (first and middle [if anyl) Family Name or Surname  Mitchell T. Weisman  Newtor's Signature Signature Signature  Residence: City San Carlos State CA Country US Citizenship US  Mailing Address 436 Portofino Drive, #204	Craig	7		Zeldin			
Mailing Address  2121 26 <sup>th</sup> Street, Apt. 202  City San Francisco State CA Zip 94107 Country US  Name of Additional Inventor, if any  Given Name (first and middle [if any])  Given Name (first and middle [if any])  Family Name or Surname  Weisman  Mitchell T.  Inventor's Signature  San Carlos State CA Country US  Citizenship  Washing Address  436 Portofino Drive, #204	Inventor's Signature	in So			Date 12/4/03		
City San Francisco State CA Zip 94107 Country US  Name of Additional Inventor, if any Given Name (first and middle [if any]) Family Name or Surname  Mitchell T. Weisman  Inventor's Signature San Carlos State CA Country US Citizenship US  Mailing Address 436 Portofino Drive, #204	Residence: City	San/Francisco	State CA	Country US	Citizenship US		
Name of Additional Inventor, if any  Given Name (first and middle [if anyl))  Given Name (first and middle [if anyl))  Family Name or Surname  Weisman  Inventor's Signature  San Carlos  State  CA  Country  US  Citizenship  Country  US  Citizenship  Address  San Carlos  San Carlos  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	Mailing Address	2121 26 <sup>th</sup> Street	t, Apt. 202		· .		
Given Name (first and middle [if any])  Mitchell T.  Noventor's Signature  San Carlos  State  CA  Country  San Carlos  San Carlos  San Carlos  CA  San Carlos  San Carlos  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	City	San Francisco	State CA	Zip 94107	Country		
Mitchell T.  Noventor's Signature  San Carlos  State  CA  Country  Weisman  Date  12/1/03  Citizenship  US  Mailing Address  San Carlos  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	Name of Addition	al Inventor, if an	y	☐ A petition has been	filed for this unsigned inventor		
Residence: City  San Carlos  State  CA  Country  US  Citizenship  US  Mailing Address  San Carlos  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	Given Name (first and middle [if any])			Family Name or Surname			
Agesidence: City  San Carlos  State  CA  Country  US  Citizenship  US  Mailing Address  San Carlos  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	Mitchell T.	1-1-		Weisman			
Residence: City San Carlos State CA Country US Citizenship US  Mailing Address 436 Portofino Drive, #204  San Carlos CA 94070 US	Inventor's Signature	NA			Date 12/1/03		
Mailing Address 436 Portofino Drive, #204	Residence: City	San Carlos	State CA	Country US	Cittzenship US		
San Carlos CA 94070 US	Mailing Address	436 Portofino Dr	rive, #204		·		
	City	San Carlos	State CA	7in 94070	Country US		

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC! approach to a collection of information unless it displays a valid OMB control numb

#### POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/613,768	`
Filing Date	July 3, 2003	_
First Named Inventor	Eric McKinlay	
Title	System, Method and Computer Program Product for Initiating a Software Download	_
Art Unit	1742	_
Examiner Name	not yet known	
Attorney Docket Number	10005.001510	_

l boroby or	!					
I hereby ap	•	200004004				
Ø Practition  OR	ners at Ci	sustomer Number 000031894				
	ner(s) nar	med below:		··		
		Name		Registration	on Number	7
						1
				<del></del>		1
Ī						1
F						1
L complete of	t	ar areat/a) to proposite the application	- :		· · · · · · · · · · · · · · · · · · ·	J
Trademark (	Office conr	or agent(s) to prosecute the application nected therewith.	n Identine	d above, and to	ransact all business	in the Patent and
Please rec	ognize or	change the correspondence address for	or the abo	ove-identified app	lication to:	
	ove-menti	tioned Customer Number:.		······································		
OR The a	Hdence nee	sociated with Customer Number:			,	
OR	JUI CSS ass	sociated with Customer Number.				
Firm <i>or</i>	al Name			<u> </u>		
Address						
Address						
City			State		ZIP	
Country						
Telephone			Fax			
I am the:						·
Applica	ant/Invento	or.				
☐ Assign	ee of reco	ord of the entire interest. See 37 CFR	3.71.			
Certific	ate under	37 CFR 3.73(b) is enclosed. (Form PT	O/SB/96)	<b>.</b>		
<u>.</u>		SIGNATURE of Applic	ant or As	ssignee of Reco	rd	
Name	Eric Mc	Kinlay				
Signature	Ti	ille				
Date	12	12/03		Telephone	6.50 232-	0366
NOTE: Signa	tures of a	all the inventors or assignees of reco	rd of the	entire interest o	r their representativ	e(s) are required.
		if more than one signature is requirents are submitted.	d, see be	elow <sup>*</sup> .		

This collection of information is required by 37 CFR 1.31 and 1.33. The Information is required to obtain or retain a benefit by the public which is to fille (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

المستنا	POWER OF ATTORNEY
	and
COR	RESPONDENCE ADDRESS
	INDICATION FORM

·	10/613.768	ber.
Application Number Filing Date	July 3, 2003	
First Named Inventor	Eric McKinlay	
Title	System, Method and Computer Program Product for Initiating a Software Download	
Art Unit	1742	
Examiner Name	not yet known	
Attorney Docket Number	10005.001510	

i						
☐ Practitioners at Customer Number 000031894						
OR						
☐ Practitioner(s) named below:						
Name Registration Number						
and the second of the second o	- 1					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Pater Trademark Office connected therewith.	it and					
Please recognize or change the correspondence address for the above-identified application to:	***					
The above-mentioned Customer Number:.  OR						
The address associated with Customer Number:	•					
OR						
☐ Firm <i>or</i> Individual Name	Name					
Address						
Address						
City State ZIP						
Country						
Telephone Fax						
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Christopher William Wesley						
Signature Chutch h Wux						
Date /2/3/2003 U Telephone						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are reconstructed by the signature is required, see below.	uired.					

This collection of Information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a writing OMP context.

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/613,768
Filing Date	July 3, 2003
First Named Inventor	Eric McKinlay
Title	System, Method and Computer Program Product for Initiating a Software Download
Art Unit	1742
Examiner Name	not yet known
Attorney Docket Number	10005.001510

								_
I hereby a	appoint:							
	tioners at C	ustomer	Number	000031894				
OR	"coor(e) na	d holo						
U Flacuu	tioner(s) na	mea pelu					<del></del>	¬ ·
			Name		-	Registra	ation Number	_
	<u> </u>	<del></del>			<del></del>			_
							·	]
			·					1
								1
as my/our a Trademark	attorney(s)	or agent(	s) to prosecute	the application	n identifi	ed above, and to	o transact all business	in the Patent and
Trademark	Once con	nected in	ierewith.					
					or the ab	ove-identified a	pplication to:	
The al	bove-menti	ioned Cu	stomer Number	rt.		<del></del>		
OR The a	address as:	sociated v	with Customer i	Number:		•		
OR		1	VIII / OGOGO	Number.				
Firm <i>or</i> Individu	ıal Name	ļ 						
Address						****		
Address								
City					State		ZIP	· · · · · · · · · · · · · · · · · · ·
Country								
Telephone					Fax			
I am the:								
Applic	ant/Invento	or.						
				See 37 CFR 3				
Certific	ate under :	<u>37 CFR 3</u>	1.73(b) is enclo:	sed. (Form PTC	<u> </u>			
			SIGNATI	JRE of Applica	ant or A	ssignee of Rec	ord	
Name	David La	wrence C	Chambers					
Signature	DMI	T 1	7XU~					_
Date	11/0	3/03			<u> </u>	Telephone	1603 52	6-4746
NOTE: Signa	atures of al	Il the inve	entors or assiç	nees of recor	d of the	entire interest	or their representative	(s) are required.
Submit multir	of 5 forms	t more ui are sub	an one signau mitted	ure is required	i, see be	low*.		

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC

be Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMP.

### POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	information unless it displays a valid OMR control number 10/613,768
Filing Date	July 3, 2003
First Named Inventor	Eric McKinlay
Title	System, Method and Computer Program Product for Initiating a Software Download
Art Unit	1742
Examiner Name	not yet known
Attorney Docket Number	10005.001510

City State ZIP  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date 12 4 4 4 5 Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	<u> </u>					<del></del>
OR Practitioner(s) named below:  Name Registration Number  Number:  Name Registration Number  Number  Number:  Name Registration Number  Number  Number:  Name Registration Number  Number  Number  Number:  Name Registration Number  Nu						
Practitioner(s) named below:  Name  Registration Number  Name  Registration Number  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Craig Zeldin  Signature  Date  Date  Date Telephone		oners at C	ustomer Number000031894			
Address City Country Telephone I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Signature  Date  Date  Date  Date  Date  Date  Date  Date  Name  Registration Number  And to transact all business in the Patent and  Trademark Office connected therewith.  State  The above-identified application to:  I have above-identified application to:  State  ZIP  ZIP  ZIP  ZIP  ZIP  Telephone  Fax  I am the:  Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		oner(s) na	med_below:			
as my/our attormey(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:				Registratio	n Number	<b>]</b> .
Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number:  OR The address associated with Customer Number:  OR The address associated with Customer Number:  OR Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature Date  Date Date Date Telephone Telephone Telephone Telephone Telephone Telephone Telephone						1
Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number:  OR The address associated with Customer Number:  OR The address associated with Customer Number:  OR Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature Date  Date Date Date Telephone Telephone Telephone Telephone Telephone Telephone Telephone	[					1
Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address City State ZIP  Country  Telephone Fax  I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin Signature Date Date Date Date Date Date Date Dat	ļ			<del></del>	· · · · · · · · · · · · · · · · · · ·	ł
Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address City State ZIP  Country  Telephone Fax  I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin Signature Date Date Date Date Date Date Date Dat						1
Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address City State ZIP  Country  Telephone Fax  I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin Signature Date Date Date Date Date Date Date Dat		· · · · · · · · · · · · · · · · · · ·				
The above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  ZIP  Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Craig Zeldin  Signature  Date  1/2/4/FFF  Date  Date  Date  Telephone  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our a Trademark	ttorney(s) Office con	or agent(s) to prosecute the application ide nected therewith.	ntified above, and to tr	ansact all business i	n the Patent and
The above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  ZIP  Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Craig Zeldin  Signature  Date  1/2/4/FFF  Date  Date  Date  Telephone  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Please rec	ognize or	change the correspondence address for the	e above-identified appl	ication to:	
OR	☐ The ab				<del></del>	•
OR	OR		•		1	
Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Craig Zeldin  Signature  Date  12/4/13  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		dui occ aa	sociated with obstonies radinger.			
Address  City State ZIP  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date 12 4 1 1		al Name				
Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date /2/4/4  Date /2/4/4  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Telephone Fax  I am the:  ☐ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date 12 4 4 3 Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address		,			
Telephone Fax  I am the:  ☐ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date /2/4/D3  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City		Sta	ate	ZIP	
I am the:  ☑ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date 12/4/14  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country					
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date 12/4/13  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone		Fa	ах		
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Craig Zeldin  Signature  Date 12/4/13  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:			•		<del></del>
Signature  Date  Date  12/4/pd  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applica Applica	ant/Invento	or.			
Name Craig Zeldin  Signature  Date 12/4/19  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Name Craig Zeldin  Signature  Date 12/4/03  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Certifica	<u>ate under 3</u>	37 CFR 3.73(b) is enclosed. (Form PTO/SE	3/96).		
Signature  Date  12/4/19  Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIGNATURE of Applicant of	or Assignee of Record	d	
Date /2/4/13 Telephone  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Craig Zel	ldin			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	Cas	5311			
bubmit multiple forms if more than one signature is required, see below*.		1-11	NA	1 ' 1		
bubmit multiple forms if more than one signature is required, see below*.	NOTE: Signa	tures of al	If the inventors or assignees of record of	the entire interest or t	their representative	(s) are required.
23 I Total of 5 torns are submitted.				e below*.		***

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information of the commence.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/613,768  July 3, 2003				
Filing Date					
First Named Inventor	Eric McKinlay				
Title	System, Method and Computer Program Product for Initiating a Software Download  1742  not yet known				
Art Unit					
Examiner Name					
Attorney Docket Number	10005.001510				

I hereby a	annoint:					<del></del>			
B.		Customer Number 000031894							
OR	Oners at O	Customer Number000031894							
☐ Practiti	oner(s) na	amed below:				<del></del>			
		Name	<u></u>	Registration	n Number				
			1		· · · · · · · · · · · · · · · · · · ·		I		
	$\overline{}$		<del>                                     </del>						
as mylaur s	+-mov(c)		1			<del></del>			
Trademark	Office con	or agent(s) to prosecute the application idennected therewith.	entiried	d above, and to tra	ansact all	business in	the Patent and		
Please rec	cognize or	change the correspondence address for th	no aho	··· identified appli	antion to:				
		tioned Customer Number:.	ie auu-	ve-ідепші <b>ец</b> арріі	cation to.				
OR		· ·							
☐ The a  OR	iddress ass	sociated with Customer Number:							
☐ Firm or				<del></del>					
Individu	al Name								
Address	!								
Address									
City		St	tate	1.	ZIP				
Country				-		<del> </del>			
Telephone		ı F	Fax	<u> </u>			<u> </u>		
I am the:	<del></del>								
Applica	ant/Invento	or.							
☐ Assigr	nee of reco	ord of the entire interest. See 37 CFR 3.71.							
_		37 CFR 3.73(b) is enclosed. (Form PTO/St							
SIGNATURE of Applicant or Assignee of Record									
Name									
Signature	WN								
Date		12/1/03		Telephone ·					
NOTE: Signa	atures of a	all the inventors or assignees of record of	f the e	entire interest or t	heir repre	esentative(	s) are required.		
Submit multip	<u>ple forms it</u>	if more than one signature is required, se	ee bel	ow*.			-		

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.